

*Gynanche*      *An. Trachealis* 2 vols      81  
Inaugural Dissertation      Tracheitis  
On the      Croup  
*Gynanche Trachealis*

Submitted to the examination, of  
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The

Trustees and Medical Faculty  
of the

University of Pennsylvania

For the degree of  
Doctor of Medicine

by

Samuel Benzet  
of

Pennsylvania

Honorary member of the Philadelphia  
Medical Society &c. &c

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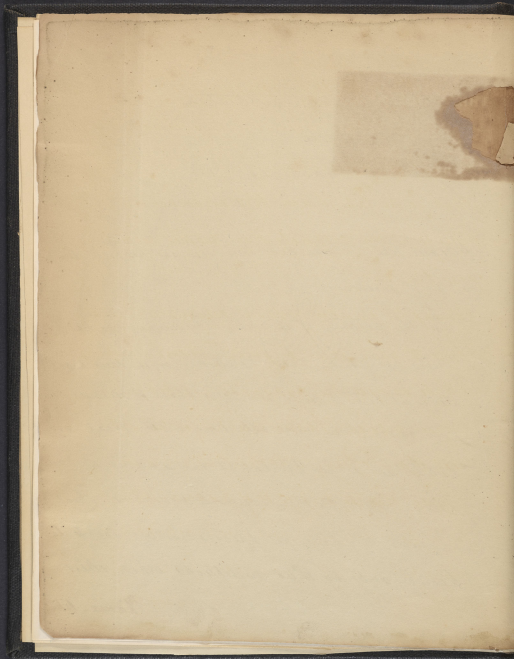
Inaugural Dissertation  
on the  
Dyspnoea Trachealis



Diseases, like Empires, have their rise and progress, thus for-  
m roads of declension and fall —

In the writings of ancient Physicians we have suf-  
ficient proof of the above position, for, in their works,  
we meet with histories and descriptions of diseases that  
have raged for a considerable time with great mor-  
tality, and when the latent and unknown cause  
which generates them, seems to have been spent and  
exhausted, they have disappeared and are now to be  
known only by their descriptions, which others

Phoenix-like

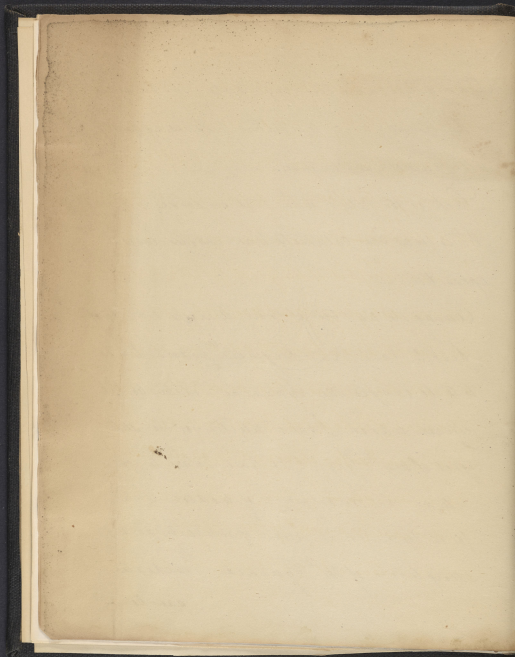




Phanix-like, have been engendered from the ashes  
of the old, and have committed ravages, equally  
wild, ruinous, and extensive.

Such is the fate of man that no sooner is he re-  
lieved from one calamity than another crowds  
upon him.

Among the number of those diseases which ap-  
pear to have their origin <sup>in</sup> modern times,  
is to be ranged the *Gynaeche Tracheitis*, the  
disease which I have selected for the sub-  
ject of my Essay. At least we are to con-  
clude that its origin is of modern date,  
for in the classical records of antiquity, no de-  
scription of the *Gynaeche Tracheitis*  
can be



can be found. The accurate attention of antient Physicians to the progress of diseases and the correct-  
ness with which they have recorded their dia-  
gnostic symptoms forbid the imputation of neglect  
or omission.

When we reflect of the great fatality that attends,  
and the distressing symptoms with which this  
disease is accompanied, we must be surprised  
to hear, that it has attracted so little of the at-  
tention of Medical Gentlemen and devoted  
from them so few observations on its nature,  
cause and cure.

The cause and cure of this disease have been  
heretofore clouded by controversy, and involved in

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much obscurity is

The curative indicators, deduced from its sup-  
-posed causes and from its conjectured theory,  
have been so different so opposite and con-  
-tradictory, and the means of cure so various,  
so numerous, and so opposed to each other, that  
we may agree with Celsus that our Art has  
been hitherto uncertain and conjectural or  
with Boerhaave, that it is vanity and presump-  
-tion to recommend only one mode<sup>t</sup> cure for  
any disease —

But since the establishment of true principles,  
these clouds have vanished and this obscurity is  
dispelled; the science of Medicine has ar-

-rived



to a state of certainty and precision and the  
theory of disease and the mode of cure, reduc-  
ed to unity and simplicity.

The jargon of Nosology has ceased to con-  
fuse and perplex Medicines.

In this essay my whole attention has been  
directed to accuracy in describing the com-  
-monest, the progress and symptoms of  
Erysipelas Trachealis, and to propose the or-  
-dinary and most successful mode of cure.

In these inquiries little have I to offer from my  
own observations or experience, but much shall  
I be indebted to the writings of authors on this sub-  
-ject. Nor is it expected that a Graduate





in an Inaugural essay should either invent a new  
and correct theory of <sup>the</sup> disease or publish to the world a  
new method of cure.

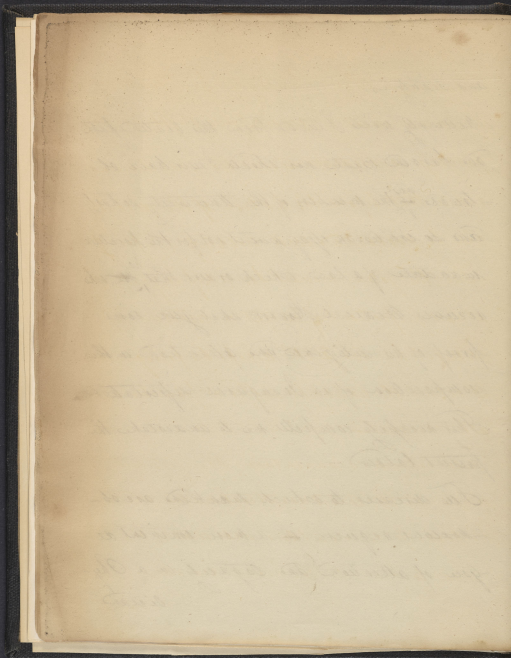
He has no opportunities of acquiring original  
information from practice, while the whole time  
indicated to the acquirement of Medical know-  
ledge, is consumed in reading and understand-  
ing the opinions of others. Humble are the  
labours of the Candidate for Medical Honors  
while he has to tread a path, that has been often  
trodden before. He has to bear his course  
through fields where the sickle has often  
reaped before and the plentiful harvest gather-  
ed in, his gleanings must necessarily be poor  
and scanty.

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and ready. is

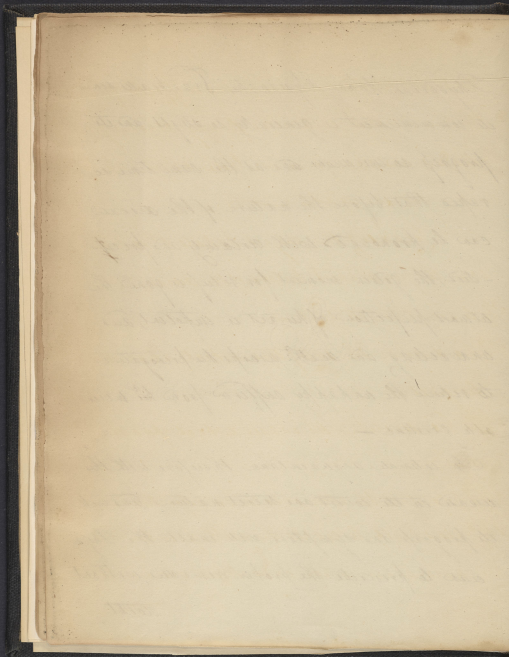
Willingly would I turn from this beaten path.  
and never waste nor should I ever have ob-  
-truded <sup>on</sup> the members of this University so hastily  
and so crassly: an essay, were it not for the positive  
mandate of a law, which orders, that <sup>he</sup> ~~the~~ who  
receives Medical Honour, shall give some  
proof of his diligence and attention in the  
composition of an Inaugural dissertation.  
This necessity compels me to undertake the  
present labour —

Few diseases, to which mankind are ob-  
-noxious require ~~in~~ a more eminent de-  
-gree of attention and sagacity in a Phy-  
-sician



Physician that Gynaeche Trachea is seen  
 its commencement is generally so slight, and its  
 progress so insidious and at the same time so  
 rapid that, before the nature of the disease  
 can be pronounced with certainty and precisi-  
 -sion, the golden moment for relief is gone, the  
 utmost perfection of his art is unpolished, and  
 unavailing and death usurps his prerogative  
 to relieve the unhappy sufferer from his miser-  
 able existence —

An intimate acquaintance therefore with the  
 disease in its covert and secret nature and with  
 its progress and symptoms will enable the Physi-  
 -cian to prescribe the proper remedies without  
 doubt



doubt or hesitation, and when this is effected, for as  
 the case, which will arise to any alarming in-  
 -crease, and still fewer are those, which will ter-  
 -minate in death

In treating this subject I shall 1<sup>st</sup> endeavour to give a short history of the disease -  
 2<sup>nd</sup> To ascertain its seat -

3<sup>rd</sup> To describe the symptoms which charac-  
 -terize it -

4<sup>th</sup> To develop the causes which produce  
 it -

5<sup>th</sup> To state the appearances on dissection -

6<sup>th</sup> And lastly to conclude with pointing out  
 the most approved and successful remedies for

its cure

with a letter to the effect of  
the same date and to the same effect  
and on the 1st of the month of  
- and on the 1st of the month of

The following is a list of the names  
and a list of the names of the  
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its cure —

According to Nicholai the first case of Cynan-  
 -che Trachealis, we have recorded is that of  
 aaylor related by Tulpius. But as this case  
 is related in so imperfect a manner ~~and~~  
 that we cannot, with certainty, pronounce the re-  
 -turn of the disease, I shall take the liberty  
 of dissenting from this opinion — The only  
 criterion leading to it is the circumstance of  
 the patient expectorating by coughing, portions of a white,  
 thick, smooth membrane — This fact however,  
 does not stamp ~~the~~ <sup>the</sup> discriminative character of the  
 disease, for it takes place in many diseased states  
 of the trachea, in Cynanche maligna, and likewise  
 in



in affections of the Trachea from polypus—

Michaelis then enumerates other Physicians who have described this disease, before Dr. Boerhaave favoured the world with his most excellent treatise, and in a particular manner takes notice of Greek and Italian Physicians who witnessed this disease to prevail as an Epidemic, and who has given the world a very accurate and correct account of the opinions he entertained of it, with the mode of cure <sup>adopted</sup> ~~adopted~~ by him.

The Cynanche Trachealis is seated in the Glottis, the Larynx, the membranes of these parts, and the muscles adjoining it.

The Cynanche Trachealis is most commonly incident to

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incidental to flat, level, and marshy countries, and particularly in situations not far removed from the sea - Plains subject to inundations are most apt to be the scenes of this disease, and the draining and properly securing them from the future overflow of waters, as invariably prevents the reappearance of the Egyptian Tracheitis - It is not always confined to places of the above description - Dr. Gallon mentions its appearance in situations far distant from the sea or any waters -

The Egyptian Tracheitis most commonly attacks children, but there are many instances of the old and middle-age being attacked with all



with all the symptoms of the disease - This dis-  
-ease rarely attacks children before they  
are weaned and seldom after twelve years  
of age - Its approach is most frequent  
and dangerous between those periods -

The Cynanche Trachealis sometimes comes  
on suddenly, and its most violent symp-  
-toms are the first which make their appear-  
-ance, but it more frequently steals upon the pa-  
-tient in the deceptive mimicry of a cold -

It is frequently attended with remissions, and these  
remissions are most generally observed to occur du-  
-ring the day -

Sometimes its symptoms are constant and un-  
-changeable -





unchangeable. Its course is generally terminated  
 in three or four days, but is sometimes protracted  
 in a weak and infested state for nine or  
 twelve days. It frequently accompanies other  
 diseases and sometimes succeeds them. It has  
 been observed to accompany the scarlet fever,  
 measles, small pox and aphthous sore throat.  
 It has succeeded the acute Rheumatism,  
 and been known to occur in a case of  
 yellow fever. Dr. Stearns informs me of  
 a case where it alternated with the Gout,  
 in this case he conceived the disease in the Brachia  
 to depend upon the general anæsthesia of the sys-  
 tem.

The patient



The patient on the first appearance of *Cynanche Trachealis* appears dull, heavy, and languid, becomes sullen and reserved whilst there is much propensity to sleep, inaptitude to motion and aversion from his former amusements - He frequently reclines, and suddenly sinks into sleep - From this sleep is he awakened by the distress which the symptoms of the disease occasion, & by which it is known -

The peculiar symptoms by which this disease is known are, a shrill noise on inspiration or a ringing sound of the voice, as <sup>if</sup> it came from a brazen tube, difficult respiration, with a sense of pain in, and straitening of, the Larynx -

In speaking



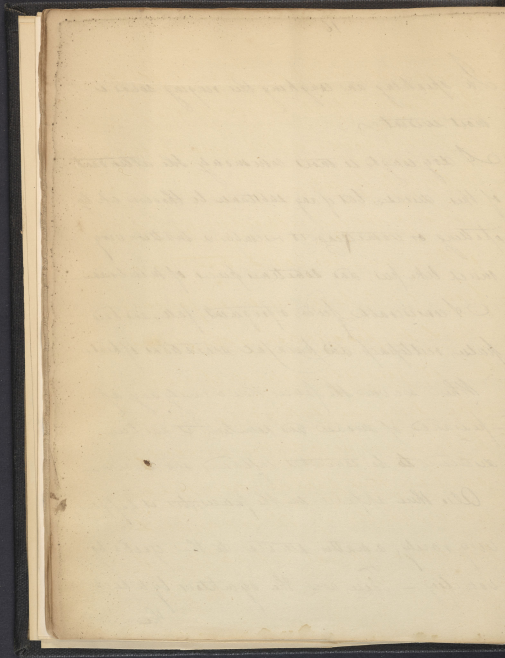
In speaking and coughing this ringing sound is most evident.

A dry cough is most commonly the attendant of this disease, but if any substance be thrown up by spitting or vomiting, it resembles a matter very much like pus, and sometimes pieces of membrane.

A considerable fever, a frequent, full, and hard pulse, restlessness, and painful sensations of heat.

When we view the face, there is rarely any appearance of disease, and sometimes it has been discovered to be somewhat inflamed and swollen.

Also there appears in the face, but it happens very rarely, a matter similar to that ejected by vomiting. These are the symptoms by which  
the



the Cyaneus Tracheitis may be recognized.  
It is produced by all the remote and pre-  
disposing causes which generate fever,  
particularly by cold —

Damp and cold atmospheres, vicissitudes  
of temperature, and quick transitions  
from cold to heat, are most favoura-  
ble to the production of this disease,  
hence it generally makes its appearance  
in the spring and autumn.

The appearances on dissection are various;  
sometimes there has been discovered a  
membrane lining the fauces, like to  
that which attends inflammation of  
the pleura

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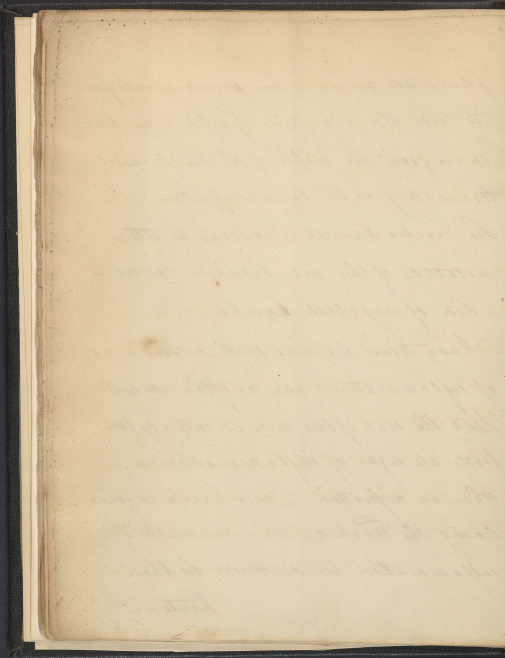


pleura and viscera - This membrane is formed from the coagulable lymph, which exudes from the mouths of the small vessels terminating on the surface affected -

The Trachea has been also found, as often, destitute of this membranous condensation of coagulable lymph -

Many times we meet with evident marks of inflammation, and, as often do we find the rest of this disease entirely free from all signs of inflammation -

When, on dissection, a membrane is found lining the Trachea, and when marks of inflammation are discovered in those parts



those parts which we have assigned as the seat of this disease, it has acquired the name of Inflammatory Croup - And when a matter resembling pus has been found in the Trachea, it is called the An-morales

Lastly - When this membrane is not found and when no marks of inflammation are observable, it has been denominated the spasmodic -

That these various appearances, on dejection, originate from the same cause, and that these states of disease only differ in force and duration, is the opinion of many eminent

† As in numerous cases wherein inflammation  
is disputably, excited before death,

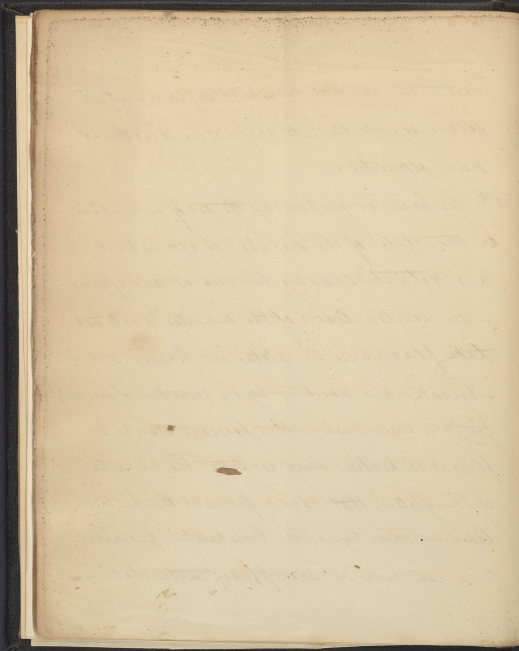
eminent Physicians, and particularly, of my in-  
-genious preceptor Dr. Hare; the opinion is  
supported on the following grounds—

1<sup>st</sup> That inflammation is not, in many instances  
perceived in these parts after death, is no proof  
that inflammation did not exist before death, and  
was undoubtedly the cause of that state, dissec-  
-tions have not exhibited the least vestige of  
such a febrile symptom; we may therefore  
conclude that there is no difference in  
the general state of the system in these two  
cases or grades of disease, except that which  
has been termed the *Gynanche Trachealis*  
*Spasmodica* consisting in a higher morbid ex-  
-citement

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excitement, and that in which inflammation occurs so violently, as to suspend the secretion of mucus altogether;

2<sup>d</sup> The noise accompanying the act of respiration in this state of the disease is remarkable and notwithstanding the violent and spasmodic contractions of the muscles, would not take place, were the glottis and Trachea dry lubricated and moistened by the secretion of mucus; for, it is well known that, however closely a person in health may contract the simula of the Glottis, that sound peculiar to a person labouring under *Cynanche Trachealis* *Spasmodica*, can never be successfully imitated by him.





3<sup>d</sup> The blood taking in the disease under proper circumstances invariably exhibits either preternatural floridity, or that crust on the surface which is always considered as peculiarly characteristic of inflammation. —

4<sup>th</sup> Those remedies which raise the general action of the system, always, under proper and timely application, restore secretion and remove the disease.

5<sup>th</sup> and lastly — Such local remedies ~~as~~ as produce excitement and such stimulating remedies as act strongly, when topically applied produce the same effects. — To the first of these belong cold drinks, cold and acrid, Vomits, niter

and —

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and several other neutral salts. To the latter  
 scilagogues, such as the *Polygala senega*,  
*Rad Pyrethra* &c.

The first of these claps act by inducing ex-  
 -citement in the vessels immediately affected,  
 thro' the medium of a contraction of  
 the membrane lining the fauces, Epiglottis,  
 and Oesophagus, and thereby restoring them  
 to the nervous point of action -

The last <sup>acts</sup> clap by inducing local in-  
 -direct debility thro' the same medium,  
 and prostrating the diseased vessels to the ex-  
 -creting point -

This is happily illustrated by the cure of in-  
 -continence



intermittent fever of too much activity by the  
Peruvian bark and various stimuli—

In this case the system is excited to in-  
direct activity, and the action constituting  
the particular disease is necessarily lost—

Since this disease has been proved to  
be of an inflammatory nature, we  
shall attempt its cure by the usual  
remedies for inflammation—

In the first place we need <sup>the</sup> restriction—  
This is to be repeated and regulated by the  
state of the pulse and the urgency of symp-

—Cotter—

Some prefer large and copious bleedings  
even

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even the syncope be induced, while others  
 recommend small and repeated bleedings.  
 The first mode of using the tances is prefera-  
 -ble and best suited for success -  
 Though the Lances be the most powerful reme-  
 -dy in this disease, yet it should always  
 be assisted by other remedies such as vomiting  
 excited once every day or oftener.  
 This will be found a most important and suc-  
 -cessful auxiliary in the cure of this disease.  
 It is fortunate that exupia vomiting seldom  
 proves injurious to children, and when given  
 in the forming state of this disease suc-  
 -ceeds to effect an immediate cure.





Furges. Calomel appears to be the best pur-  
 -gative we can make use of and to ac-  
 -celerate its operation, it would be proper to com-  
 -bine it with jalap or Rhubarb -

Calomel produces its effects - 1<sup>st</sup> By reduc-  
 -ing general excitement - 2<sup>d</sup> By what  
 has been termed recession 3<sup>d</sup> By indu-  
 -cing a counter action in the intestines, &  
 thereby diminishing the tendency of the  
 Tracheal vessels to deposit that mucus  
 which constitutes the membrane  
 we have described - 4<sup>th</sup> Through the whole  
 arterial system by producing a new and  
 general action which transcends or  
 supercedes

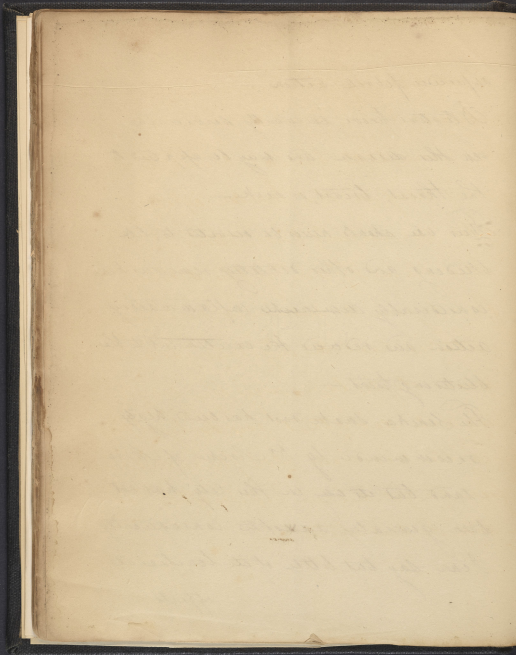
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superficial febrile action —

Blisters prove eminently serviceable  
in this disease and may be applied to  
the throat, breast, or neck —

Their use should never be resorted to, till  
bleeding and other depleting remedies have  
considerably diminished inflammatory  
action and reduced the excitement to the  
blistering point —

The Seneca snake root has been highly  
recommended by Dr. Archer of Mary-  
land, but its use in this city has not  
been generally ~~accepted~~ consequently  
I can say but little of its beneficial  
effects



effects from my own observation and ex-  
-perience—

The warm bath has been known to give  
great relief in this disease especially  
when succeeded by perspiration—

When the symptoms of this disease  
have begun to decline and morbid ex-  
-citement has been, in <sup>a</sup> great measure, re-  
-moved, operated by relieving the cough,  
and into demulcent drinks, by abating  
-ing the acrimony of the fluids discharged  
from the yet diseased vessels, after pro-  
-ducing the best effects—

